DOCUMENT RESUME

ED 315 712 CG 022 295

AUTHOR Chambers, Alycia A.; And Others
TITLE Client Judgement of Therapist Characteristics: A Factor in Treatment Outcome.
PUB DATE 11 Aug 89
NOTE 18p.; Paper presented at the Annual Meeting of the American Psychological Association (97th, New Orleans, LA, August 11-15, 1989).
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Affective Measures; Anxiety; Attitude Measures; *Counselor Characteristics; *Counselor Client Relationship; *Counselor Evaluation; Counselor Performance; Interpersonal Attraction; Interpersonal Relationship; Outcomes of Treatment; *Relaxation Training; *Therapy
IDENTIFIERS *Progressive Relaxation Training

ABSTRACT

This study, based on Strong's (1968) model of therapy as social influence, focused on the relationship between clients' judgments of therapists' characteristics and the outcomes of their treatment for generalized anxiety. Thirty subjects and 15 therapists met in 12 individual therapy sessions using Progressive Relaxation Training combined with either cognitive or nondirective therapy procedures. After three sessions and also at the end of the sessions, clients' judgments of their therapists' expertise, attractiveness, and trustworthiness were assessed with the Counselor Rating Form (CRF) and their judgments of therapists' empathy, regard, and congruence were assessed by means of the Relationship Inventory (RI). Four measures of client anxiety were administered before and after treatment. Significant inverse correlations were found between measures of clients' judgment of their therapists' characteristics and of their anxiety levels after treatment. (Other trends, limitations in the study, and implications for future research are discussed. References are included.) (TE)

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CLIENT JUDGEMENT OF THERAPIST CHARACTERISTICS:

A FACTOR IN TREATMENT OUTCOME

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Alycia A. Chambers
Child, Adult, and Family Psychological Center

Hugh B. Urban
The Pennsylvania State University

Thomas D. Borkovec
The Pennsylvania State University

Presented at the 97th Annual Convention
of the American Psychological Association

August 11, 1989
New Orleans, Louisiana

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ABSTRACT

Client Judgements of Therapist Characteristics: A Factor in Treatment Outcome

The primary focus of this study was upon the relationship between client judgements of therapist characteristics and the outcomes of their treatment for generalized anxiety. Strong's (1968) model of therapy as a social influence process was used as a framework for understanding therapists' interpersonal effects within the context of treatment. The theory proposes that clients who perceive their therapists to be expert, interpersonally attractive, and trustworthy would be more likely to accept their therapists' points of view and suggestions for change. Therapist empathy, regard, and congruence, ("facilitative" conditions), have also been related to successful treatment outcomes.

Thirty subjects participated in twelve sessions of individual therapy designed to reduce generalized anxiety. Fifteen therapists provided treatment, which consisted of Progressive Relaxation Training procedures combined with either cognitive or nondirective therapy procedures. Clients' judgements of their therapists' expertness, interpersonal attractiveness, and trustworthiness were assessed by means of the Counselor Rating Form (CRF) (Barak and LaCrosse, 1975) and their judgements of therapist empathy, regard, and congruence were assessed by means of the Relationship Inventory (RI) (Barrett-Lennard, 1962). These measures were administered after three sessions of therapy and after the completion of therapy. Four measures of client anxiety were administered before and after treatment.

Significant correlations were found between measures of clients' judgements of their therapists' characteristics and of their anxiety levels after treatment. Decreases in client anxiety scores were associated with more positive ratings of their therapists. Overall, the findings were considered consistent with the social influence model of therapy interaction. Other trends in the data, some limitations of the study, and implications of these findings for future research are discussed.

CLIENT JUDGEMENT OF THERAPIST CHARACTERISTICS: A FACTOR IN TREATMENT OUTCOME

The Problem and its Significance

Recent research in the domain of psychotherapy has sought to address an important question: Are treatment-specific or nonspecific treatment factors more important in generating treatment effects? For example, what proportion of treatment outcome can be attributed to the procedures used, and what proportion to the personal qualities of the therapist? This study was focussed upon the characteristics of therapists as perceived and reported by their clients, and upon the relationship of those judged characteristics to successful treatment outcomes.

Current interest in the question was prompted by a group of studies conducted by Sloane and his colleagues at Temple University (1975) which were unable to demonstrate the operation of treatment-specific effects upon treatment outcomes. A succession of studies have since been completed, attempting to evaluate specific versus nonspecific factor salience (Bergin and Lambert, 1978; Luborsky et al., 1975; Orlinsky and Howard, 1978; Parloff et al., 1978; Smith and Glass, 1977; Strupp, 1978). These studies, however, have had to contend with a number of conceptual and methodological difficulties.

Many studies have been compromised by simplistic, unidimensional modeling and a variety of errors in design, measurement, and statistical analysis. In the majority of studies, these errors have been sufficiently serious as to negate the conclusions which were drawn. As a result, a specification of the ingredients which constitute "good treatment" has not as yet

been developed, and little reliable information is available which can identify the effects that these variables may have on treatment outcomes.

The significance of the problem is apparent from both theoretical and practical perspectives. Virtually all theories of psychotherapy acknowledge the important role played by the therapist's characteristics in determining the nature of the relationship with the client(s) on one hand, and the subsequent treatment outcome on the other. The theories differ, however, as to which characteristics make a difference in treatment outcome (Goldstein, 1971; Gurman, 1977; Kieslar, 1973; Morris and Suckerman, 1974; Shapiro,1971; Strupp, 1973, 1980; Wessler, 1983).

In the absence of hard empirical information, a large number of consequences follow. The selection and training of prospective therapists remain highly variable. There are no satisfactory criteria available for choosing prospective trainees from the typically large pool of applicants. Much of current clinical training (and subsequent practice) is derived from unverified theoretic propositions and based on intuitive considerations. There are no satisfactory means with which to gauge student progress, nor procedures for credentialing purposes. (See Ford's review, 1979.)

The continued variablilty in treatment outcomes occurs at high personal and financial cost to both clients and their sponsors, and these costs may be of greater significance than our present limitations of knowledge (Luborsky et al., 1975; Goldstein 1971, 1973) Less affluent segments of the service clientele may be at a particular disadvantage. As Schainblatt (1980) has observed, "Public agency clients can rarely express

dissatisfaction by seeking help elsewhere"(p.331).

If the contributions of specified therapist effects to client change could be identified and measured, those measures could be useful components in the evaluation of diverse subjects, from individual trainees to large-scale, community service agencies.

Previous Research

A review of the literature regarding treatment outcome and therapist influences disclosed that similar obstacles have impeded progress in both of these areas of research. In general, efforts to document the effects of treatment procedures have yielded mixed and contradictory findings. Confounding of results due to unmeasured therapist effects has been cited frequently. Knowledge regarding outcome-related therapist characteristics is limited by the shortcomings in outcome research methods as well. However, refinements in the conceptual and methodological approaches to the study of treatment processes provide a basis for optimism regarding future research.

The Conceptual Framework. Multifactor modeling was identified as an important means with which to accumulate and coherently integrate research findings regarding the complex phenomena of therapy process and outcome. Because true separation of the effects of different treatment influences is not possible, all of the principal factors of relevance to therapy outcome need to be considered and either controlled or measured.

Strong's model of therapy as a social influence process provides a theoretical context within which to address issues related to therapists' effects on clients. It is compatible with

a multidimensional representation of change and has been supported by a large body of social psychological research. Applied to psychotherapy, the model would predict that a client who perceives his/her therapist as expert, interpersonally attractive, and trustworthy would be more likely to accept that therapist's point of view and suggestions for change. In the present study "facilitative" conditions (congruence, regard, and empathy) were investigated along with the above three variables associated with social influence research.

Therapist Interpersonal Characteristics. Expertness, interpersonal attractiveness, and trustworthiness, the characteristics affecting social influence, have acquired strong support in social psychological research reports. Only recently, however, have they been tested for their utility in counseling or psychotherapy research. The findings, thus far, are tentative but hold promise if future studies are able to employ improved research methods.

"Facilitative conditions" have long been studied in the client-centered tradition. Studies of empathy, congruence, regard, and unconditionality of regard, however, have also been compromised by methodological problems, but those using client reports have consistently underscored the influence of such characteristics in treatment process and outcome.

Client perceptions of these interpersonal characteristics were of special interest for a number of reasons, including: (1) Social influence theory identifies client reactions to therapist behavior as a critical element of treatment in that they may facilitate therapist persuasion (or client acceptance of the

therapist's views) and/or may potentiate the effects of technical treatment strategies; (2) Unlike other variables, positive client attitudes toward therapists have been tentatively but repeatedly associated with successful treatment outcomes; (3) No other approach to the study of therapist variables has been found superior in generating consistently useful data (e.g.,observational systems).

Methodology. A wide variety of methodological flaws have been cited which apply to the vast majority of studies of therapist characteristics. External validity has been seriously undermined by a number of extraneous influences. For example, treatment analogue research designs constitute the vast majority of studies in this domain, despite evidence that many differences exist between analogue conditions and actual treatment experience.

Other problems which prohibit clear interpretation of findings follow from a pervasive inattention to the psychometric properties of instruments used. In addition, unidimensional focus has been placed upon some aspects of the treatment process to the exclusion of others, and raw change scores have often been used despite their susceptibility to distortion by a variety of factors.

The present study of therapist effects, thus, represented an attempt to implement conceptual and methodological improvements suggested by the review of previous research reports.

Methods

This study examined the role played by the characteristics of therapists within a large team-project conducted at the

Pennsylvania State University. The design of the project allowed for control of most of the major factors considered necessary in outcome research. A full report of the outcome aspects of this project is provided in Borkovec et al. (1987); results indicated superiority of the progressive muscular relaxation and Cognitive therapy condition on pre-post questionnaire outcome measures, but no group differences on assessor or daily diary variables.

Subjects. The thirty subjects who participated in this research were Pennsylvania State University students and employees, who identified themselves as experiencing anxiety and who met the selection criteria for generalized anxiety disorder. Fifteen graduate students in Counseling and Clinical Psychology participated in the study as therapists for some clients and clinical assessors for others.

Measures. The Relationship Inventory (RI) (Barrett-Lennard, 1962) and the Counselor Rating Form (CRF) (Barak and LaCrosse, 1975) were chosen because they focussed on client observations of therapist characteristics and because successive studies have attested to their reliability and validity. The RI has received extensive support for its utility in the measurement of facilitative conditions. The CRF subscale scores represent client ratings of therapist expertness, attractiveness, and trustworthiness.

Multiple measures of client levels of anxiety were used to represent client states before and after treatment. Ratings were made by assessment interviewers, "blind" to treatment conditions, on the Hamilton Anxiety Scale and on an eight-point global rating

of overall severity of anxiety symptoms. Clients also reported their anxiety by means of the State-Trait Anxiety Inventory (Trait version) before and after the trial and the Client Daily Diary completed every day throughout the trial.

Procedures. A pool of potential subjects was gathered by means of announcements in Pennsylvania State University undergraduate classes, a stress management seminar, and local newspapers. Brief telephone interviews and subsequent semi-structured assessment interviews using the Anxiety Disorder Interview Schedule (DiNardo et al., 1983) leading to a DSM-III diagnosis of generalized anxiety disorder. Subjects meeting criteria were randomly assigned to one of two treatment groups (cognitive or nondirective therapy) and one of the 15 project therapists.

The treatment series consisted of twelve sessions of Progressive Relaxation Training and either nondirective or cognitive therapy, held over a six to seven week period. Each therapist received detailed protocols of all treatment procedures to be used and training and supervision in their use.

Training and supervision was provided by the project director, T. D. Borkovec, in both individual and group meetings. Audiotapes of therapy sessions were monitored for adherence to specified treatment procedures and for correction of any problems which came to be identified.

Client reports of therapist variables were assessed by means of the RI and the CRF after Session III and after Session XII, the last treatment session before the final assessment interview. Clients were assured of complete confidentiality.

Statistical Analyses. The Mann-Whitney U Test was used to evaluate differences between the two therapy conditions on client perception of therapist variables. A major research question focussed on determining whether or not client judgements of therapist characteristics were significantly related to the type of treatment clients received.

Spearman Rank Correlation procedures were used to evaluate the degree of association between client post-therapy levels of anxiety and client judgements regarding therapist characteristics. Residual gain scores, as well as scores reflecting post-treatment status, were used in all of the analyses of client anxiety measures.

Results and Discussion

Score distributions and descriptive statistics were generated for all measures of client judgements of therapist characteristics and client levels of anxiety. The data from this study were comparable to those obtained from studies of comparable populations which used these measures. Anxiety scores from the use of the STAI-Trait with these subjects were high relative to student samples and relative to scores other researchers have considered typical of persons seeking professional treatment for relief from anxiety.

Two condition group differences were found to be significant at the $p < .05$ level of confidence. Cognitive therapy clients rated their therapists higher on the Expertness subscale of the CRF and reported lower levels of anxiety after treatment, on the STAI-Trait. Residualized change scores also reflected this

decrease. However, there were no other differences between conditions on outcome or relationship measures.

The most important set of findings generated by this study was that client judgements regarding all of the selected therapist characteristics were correlated with scores reflecting client anxiety after treatment as well as the change in anxiety over the course of treatment.

Spearman Rank Correlation analyses revealed no significant degrees of association between scores reflecting clients' initial levels of anxiety and their judgements of therapists early in treatment. After treatment, however, the STAI scores were significantly correlated with the scores for every therapist characteristic measured and the total scores of both the RI and the CRF. Residual change scores were also correlated with most of these and with the total scores of both the RI and the CRF. No significant correlations emerged between relationship measures and the other three outcome measures (daily diary, assessor severity rating, and Hamilton Anxiety Scale).

These findings were deemed consistent with the social influence model in that clients who reported more positive judgements regarding their therapists' characteristics also reduced their anxiety to a greater degree, over the course of treatment. The correlations are strong, exceeding the Bonferroni correction criteria for the majority of findings. The conclusion that such client judgements are indeed related to their progress in therapy requires replication in future studies, but is supported by the size of the correlations and by the fact that no significant correlations between these variables were observed early in treatment.

Correlation Coefficients and Probability Estimates for Measures of Client Anxiety and Judgements of Therapist Characteristics: First Administration (n = 30)

		Hamilton	STAI	Severity	CDD
Congruence	r	-.02	-.12	.14	.02
	p	.94	.55	.49	.93
Regard	r	-.19	-.22	.75	-.05
	p	.33	.25	.70	.81
Empathy	r	-.24	-.32	.00	-.03
	p	.22	.10	.99	.89
RI Total	r	-.18	-.25	.10	-.05
	p	.37	.20	.60	.79
Expertness	r	.14	-.25	-.26	-.04
	p	.47	.19	.18	.85
Trustworthiness	r	-.08	-.02	.31	.18
	p	.70	.93	.11	.37
Attractiveness	r	-.02	-.08	.35	.13
	p	.93	.67	.07	.51
CRF Total	r	-.03	-.09	.33	.12
	p	.88	.66	.09	.55

Correlation Coefficients and Probability Estimates for Measures of Client Anxiety and Judgements of Therapist Characteristics: Second Administration (n = 30)

		Hamilton	STAI	Severity	CDD
Congruence	r	-.29	-.51	-.19	-.10
	p	.12	.004 *	.31	.61
Regard	r	-.22	-.53	-.15	-.13
	p	.24	.002 *	.42	.51
Empathy	r	.00	-.39	-.21	-.23
	p	.10	.035 *	.59	.87
RI Total	r	-.23	-.56	-.13	-.07
	p	.21	.001 *	.48	.71
Expertness	r	-.18	-.49	-.16	-.19
	p	.34	.006 *	.39	.33
Trustworthiness	r	-.18	-.49	-.21	-.23
	p	.35	.006 *	.27	.24
Attractiveness	r	-.17	-.44	-.20	-.20
	p	.39	.016 *	.29	.31
CRF Total	r	-.22	-.55	-.22	-.21
	p	.24	.002 *	.25	.27

Limitations of the Study

Although this study's methods incorporated many improvements over those of previous studies of therapist characteristics, the limitations which remain applicable to this study should be addressed.

With regard to external validity, possible reactive effects due to participation in research must be considered. Many of the participants in the study were students at the Pennsylvania State University, and thus, despite clinically significant ratings of anxiety, the findings may be limited to similar samples of students.

Of four measures, only the State-Trait Anxiety Inventory proved consistently capable of distinguishing group differences or correlations. Factors which may have interfered with the performance of the other measures include: (1) the global nature of the eight-point assessor rating of anxiety symptom severity, (2) the inter-rater and intra-rater reliability of the Hamilton Anxiety Scale as it was used in this study, and (3) the brevity of the post-treatment monitoring period used for the Client Daily Diary.

The number of parameters which could be explored in this study was necessarily limited. More information is needed with regard to other variables which contribute to developmental and intervention processes. Larger samples would allow the use of multivariate statistical analyses and facilitate the inclusion of other potentially important influences, such as (1) client characteristics, (2) therapist skill in the treatment approaches used, and (3) contextual factors (within therapy sessions and outside of treatment).

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